

Texas Department of State Health Services

## Infectious Disease Prevention Section Texas Department of State Health Services P.O. Box 149347, MC 1960 te Austin, Texas 78714

Phone: (512) 776-7676 Fax: (512) 776-7616 <u>VPDTexas@dshs.texas.gov</u> \*\*This form is optional and designed to be used as a tool while interviewing contacts to determine if testing is warranted. For your records only - no need to submit to VPD Team.\*\*

Measles/Rubella Contact Tracing Form  ☐ Measles ☐ Rubella		FINAL STATUS:  CONFIRMED  PROBABLE  RULED OUT /NOT A CASE		NBS PATIENT ID#:	
				NBS INVESTIGATION ID#:	
		LI RULED OC	JI /NOT A CASE		
Patient's Name: Reported by:					
Address:			Agency:		
City: Zip:			Phone: ( )		
DOB / / Age:			Date reported:/ Investigated by:		
Parent/Guardian:			Agency:		
Home Phone: ( )			Phone: ( )		
Work Phone: ( )					
Other Phone: ( )			Date contacted:/		
Contact Name: NBS ID: Contact rash onset date: / /					
Date of first contact:/ Date of last contact:/					
Relation to case: ☐ Household ☐ Family, not in household ☐ Co-worker ☐ Healthcare worker ☐ Friend					
□ Other					
	Is contact symptomatic? ☐ Yes ☐ No Date of onset: / /				
What symptoms:					
SE .	Rash - Onset Date:/ Duration: Days				
ptc					
☐ Fever - Onset Date:// If recorded, highest measured temp:°F				°F □ Subjective fever	
	☐ Cough ☐ Corvza ☐ Coniunctivitis ☐ Otitis ☐ Diarrhea ☐ Arthralgia/Arthritis ☐ Lymphadenopathy ☐ Encephalitis ☐ Thrombocytopenia				
ne Is	© ☑ Vaccinated - Number of doses: Vaccinated within past 6-45 days? ☐ Yes ☐ No				
mune tatus	□ Vaccinated - Number of doses: Vaccinated within past 6-45 days? □ Yes □ No         □ History of measles/rubella □ Born before 1957 □ Evidence of immunity □ Not vaccinated □ Unknown				
<u> </u>					
ں ج ٹا	☐ Control measures recommended ☐ Left message ☐ No contact made				
Last date contact followed://					
Public Health Contact					
Notes:					